



# Authorization to Release Information Form

In compliance with the Family Education Rights and Privacy Act (FERPA) and Quinsigamond Community College policy, the Financial Aid Office cannot release any information pertaining to a student's record. In order for any information to be released to anyone, other than the student, the student must provide our office with written consent.

Please complete the following information only if you, the student, want to authorize an immediate family member to have access to your student record as related to financial aid. For each person listed below, you acknowledge and understand that you are giving permission to the Financial Aid Office at Quinsigamond Community College to release all information regarding your financial aid and your eligibility for financial aid.

Name	Relationship	Birth Date	last 4 digits of Social Security No.

If the person listed above is your parent, please provide parent's email address: \_\_\_\_\_

I recognize that this release only pertains to the Financial Aid Office and no other department on campus.

I understand Quinsigamond Community College is required by law to report information about me to certain agencies (such as federal and state).

I understand this form is valid as long as I am an enrolled student at Quinsigamond Community College.

I understand that I may revoke this privilege at any time by submitting a signed written statement to Quinsigamond Community College's Financial Aid Office.

Student Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_